

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225268	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/20/2025
NAME OF PROVIDER OR SUPPLIER Care One at Newton		STREET ADDRESS, CITY, STATE, ZIP CODE 2101 Washington Street Newton, MA 02462	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on records reviewed and interviews, for one of three sampled residents (Resident #1), the facility failed to ensure they reviewed and revised the Comprehensive Care Plan following the completion of his/her scheduled Quarterly Minimum Data Set (MDS) assessment.</p> <p>Findings include:</p> <p>Review of the Facility Policy titled Comprehensive Person-Centered Care Plans, dated as last revised 03/2022, indicated that the Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident.</p> <p>The Policy further indicated that the IDT reviews and revises the care plan;</p> <ul style="list-style-type: none"> -When there has been a significant change in the resident's condition; -When a desired outcome is not met; -When a resident has been readmitted to the facility; and -At least quarterly, in conjunction with the quarterly MDS. <p>Resident #1 was admitted to the Facility in November 2024, diagnoses included metastatic Anaplastic Thyroid Cancer (ATC, a rare and aggressive form of thyroid cancer that grows and spreads rapidly, often within weeks)requiring a tracheostomy tube (tube inserted through the trachea, allowing one to breath) and gastrostomy tube (tube inserted into the stomach that provides nutrition), chronic pulmonary (lung) embolism (blood clot) to right lower lung, and Deep Vein Thrombosis (DVT, blood clot) to right arm.</p> <p>Review of Resident #1's MDS Schedule indicated that a Quarterly MDS had been completed with an Assessment Reference Date (ARD) of 02/25/25.</p> <p>Further review of Resident #1's MDS Schedule indicated he/she had multiple hospitalizations with readmission back to the facility on [DATE], 04/22/25, 05/01/25, and 05/08/25.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>However, review of the Resident #1's Comprehensive Care Plan, dated as initiated 11/11/2024, indicated there was no documentation to support the comprehensive care plan had been reviewed or revised after the completion of the 02/25/25 MDS.</p> <p>Review of Resident #1's Medical Record indicated that there was no documentation to support that the IDT reviewed or revised his/her comprehensive care plan throughout his/her six (6) month stay.</p> <p>During a telephone interview on 05/29/25 at 12:45 P.M., Minimum Data Set (MDS) Nurse #1 said she was not aware that Resident #1's care plan had never been revised or reviewed by the IDT team.</p> <p>MDS Nurse #1 said that each discipline is responsible for reviewing and revising their own care plans prior to the scheduled care plan meeting with the resident and family.</p> <p>MDS Nurse #1 said care plans are to be reviewed and revised after each comprehensive MDS is completed and upon readmission from the hospital.</p> <p>During a telephone interview on 05/29/25 at 12:57 P.M., MDS Nurse #2 said that he was not aware that Resident #1's care plan had not been reviewed or revised after his/her comprehensive MDS had been completed.</p> <p>MDS Nurse #2 said that comprehensive care plans are reviewed and revised upon admission, quarterly, with a significant change, and upon readmission by the IDT prior to the actual care plan meeting is conducted.</p> <p>During an interview on 05/20/25 at 3:55 P.M., the Director of Nurses (DON) said that he was not aware that Resident #1's care plans had not been reviewed or revised throughout his/her stay.</p> <p>The DON said that it is the Facility's expectation that all comprehensive care plan be reviewed and revised according to the Facility Policy, including upon admission, quarterly, with a significant change assessment and when a resident is readmitted from a medical leave of absence.</p>		